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ATTORNEY DOCKET NO: NAK-059-USA-P

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, joint and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **OPHTHALMOLOGIC KNIFE**

The specification of which is attached and/or was filed on ..August..28,..2001..... as Application Serial No. 09/939,579..... and was amended on (if applicable) international (PCT) application No. filed and as amended on (if any). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. §119
JAPAN	Patent 2000-260242	August 30, 2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, as far as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	DATE OF FILING	STATUS (Patented, Pending, Abandoned)

I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Law Offices of Townsend & Banta; Donald E. Townsend, Registration No. 22,069; ~~Donald E. Townsend, Jr., Reg. No. 43,198~~; and ~~Donald E. Townsend, Jr., Reg. No. 43,198~~. Please address all correspondence to the Law Offices of Townsend & Banta, Suite 500, 1225 Eye Street, N.W., Washington, D.C. 20005

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Kanji Matsutani	INVENTOR'S SIGNATURE 	DATE Sep. 25, 2001
RESIDENCE Tochigi-ken, Japan		CITIZENSHIP Japan
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FULL NAME OF SECOND JOINT INVENTOR, IF ANY Takashi Ina	INVENTOR'S SIGNATURE 	DATE Sep. 25, 2001
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Listing of Inventors Continued on Page 2 hereof. Yes No



ATTORNEY DOCKET NO: NAK-059-USA-P

Listing of Inventors Continued from Page 1 of Declaration and Power of Attorney for invention entitled:

OPHTHALMOLOGIC KNIFE

FULL NAME OF THIRD JOINT INVENTOR, IF ANY Masahiko Saito	INVENTOR'S SIGNATURE <i>Masahiko Saito</i>	DATE Sep. 25, 2001
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FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
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POST OFFICE ADDRESS		
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF NINTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF TENTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		